ENTRY BLANK

PLEASE TYPE OR PRINT	Entered previous May Show
	yes 🗆 no
☐ Ms.	M. KULES
Mr. Artist NICHOLAS	
remailent	(Last Name Last)
Address 2301 FOREST	//
Street	City
44/09 Tel. (
Zip Area Co	ode 252-3099
Temporary or	
Studio Address	City
Tel. (
Zip Area Co	ode
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?	
Collaborator	
(If Any)	
If May Show entries are not accepted or not sold:	
Artist will pick up at Museum.	
☐ Museum should dispose of.	
☐ Museum should ship to artist C.O.D. at this address:	
Special Instructions	
When necessary include below instructions or a drawing of	

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of chiects. It is

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

DO NOT DETACH

DO NOT WRITE IN

THIS SECTION

ACCEPTED

REJECTED

ACCEPTED

REJECTED

RECEIVED

DATE

DETACH